

**BEST AVAILABLE COPY**

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/635,661</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1											
21											
39											
51											
70											
90											
100											
Total Indep											
Total Depend											
Total Claims											